Thanks for your interest in hosting an event with Mizzou Athletics. Please complete this rental request form in its entirety. Note that all requests *must* be submitted at least 90 days prior to the requested event date. The completion of this rental request form DOES NOT guarantee space availability. Please return completed form to <a href="mailto:umcatharenafeedback@missouri.edu">umcatharenafeedback@missouri.edu</a>. We will contact you to further discuss your event once we review your request. Thank you.

Today's Date (Date Request Subm	itted)				
General Information					
Event Title:			Event Date:		
Event Start Time:					
Event Set-Up Time:	E	vent Tear-Do	wn Time:		_
Sponsoring Organization (if applica	able):				
Organization Type: Univ. De	pt./Acad. Unit	Recognize	d Student Group	General Public	(Non-MU Affil.)
Primary Contact					
Name:					_
Address:					-
City:	Sta	te:	Zip Code:		
Daytime Phone:					
Cell Phone:					_
E-Mail:					_
Billing Information					
Billing Address:					_
Billing City:	 S1	 tate:	Zip Code:		_
Billing City:			·		-
Front Description					
Event Description					
Describe your event and the assoc	iated activities in	full detail:			
Venue Requested:					
Other venue(s) Requested:					
Specific activities included in your	event:				
o Meeting					
<ul> <li>Banquet</li> </ul>					
<ul> <li>Lecture/Class</li> </ul>					
<ul> <li>Career Fair</li> </ul>					
<ul> <li>Athletic Competition/Recr</li> </ul>	eation Sporting Ev	vent			
o Other:					
Total number of Participants:					
Will there be any students in grade	es 8 <sup>th</sup> – 12 <sup>th</sup> :	Yes No			
Anticipated Number of Spectators					
Will there be food or beverages no		ent: Yes	No		
Will you need concessions to be o		No			
Will merchandise or vendors be pr	esent at the even	t: Yes	No		

Thank you for submitting a facility request form with Mizzou Athletics!

Completion of this form DOES NOT guarantee that the request will be granted. We will review the request as soon as possible and I will be in contact to further discuss your event. As a reminder, all requests should be submitted 90 days prior to the date of event.

At any time, if you have questions regarding your pending request, please contact me at umcatharenafeedback@missouri.edu or 573-884-1676.

Thanks Again & GO TIGERS!

Katie Lohe

University of Missouri Athletic Department Mizzou Arena, 1 Champions Drive Suite 200 Columbia, MO 65211

Office: (573) 884-1676 Fax: (573) 882-4298